RSL
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## **Retirement Training Program** Application (Please Print Legibly)

Agency	Name			
E-mail address or My name is in the Global Address List  Note: Class confirmations are done by e-mail. If you are not reachable by e-mail, PLEASE include complete mailing add  Course Title Retirement Strategies for Life  Date(s) or First Available  Time(s)  Please answer the following questions:  Approximate years of service with Fairfax County:  Approximate date eligible for regular service retirement:  Please advise this office if you have arranged for special accommodations:  Supervisor's Signature Date Phone  Training Coordinator's Signature Date Phone  or My name is in the Global Address List  Please print Training Coordinator's name and e-mail address above  Training Coordinator Use Only  Human Resources, Benefits Division Use Only		County		
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Course Title	Phone: work	home	f	ax
Course Title	E-mail address		or My	name is in the Global Address List
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Training Coordinator's Signature or My name is in the Global Address List  Please print Training Coordinator's name and e-mail address above  Training Coordinator Use Only  Human Resources, Benefits Division Use Only	-		Date	Phone
Coordinator's Signature Date Phone  Please print Training Coordinator's name and e-mail address above or My name is in the Global Address List  Training Coordinator Use Only  Human Resources, Benefits Division Use Only			Date	1 HORC
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Please print Training Coordinator's name and e-mail address above  Training Coordinator Use Only  Human Resources, Benefits Division Use Only	Signature		Date	Phone
	Please print Training	g Coordinator's name and e-mail ac	or My i	name is in the Global Address List
Code: Critical Necessary Space Avail Confirmed Class Dates	Priority	·		·

## **Return via Inter-County mail to:**

Human Resources, Benefits Division Attn: Paul Brown 12000 Government Center Parkway, Suite 258, Fairfax, VA 22035 (703) 324-4916 fax (703) 802-8795